

MDR Tracking Number: M5-04-0550-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 10-22-03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The psychological evaluation testing, biofeedback, biofeedback training and psychological preparation were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to date of service 04-09-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 6<sup>th</sup> day of January 2004.

Debra L. Hewitt  
Medical Dispute Resolution Officer  
Medical Review Division  
DLH/dlh

#### NOTICE OF INDEPENDENT REVIEW DECISION

December 29, 2003

MDR Tracking #: M5-04-0550-01  
IRO Certificate #: IRO4326

The \_\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. \_\_\_'s health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

#### Clinical History

This patient sustained an on the job injury on \_\_\_, mechanism unknown, resulting in a diagnosis of carpal tunnel syndrome. The only clinical documentation provided was the psychological evaluation and test interpretation.

#### Requested Service(s)

Psychological evaluation testing, biofeedback, biofeedback training, and psychological preparation on 04/09/03

#### Decision

It is determined that were the psychological evaluation testing, biofeedback, biofeedback training, and psychological preparation on 04/09/03 were medically necessary to treat this patient's condition

#### Rationale/Basis for Decision

The patient was referred by her treating doctor for a psychological evaluation to determine if she was a candidate for a chronic pain management program. The records indicate all services had been preauthorized prior to being performed.

At the time of the evaluation, the patient was reporting psychological distress in the form of symptoms of depression and anxiety that revolve around a strong dissatisfaction and concern over her current level of physical functioning. Her current distress is directly related to her persistent pain and the functional limitations she is experiencing. Her emotional distress and her symptoms of pain are consistent with chronic pain syndrome secondary to injury.

The assessment revealed indications of the patient's continued elevated pain level and difficulties with effectively managing her pain. These problems have hindered her rehabilitation process. Therefore, it is determined that were the psychological evaluation testing, biofeedback, biofeedback training, and psychological preparation on 04/09/03 were medically necessary.

Sincerely,